



Sandra Wood: Expand Medicaid's postpartum health coverage to 12 months

By **Commentary**

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This commentary is by Sandra Wood of Richmond, a nurse practitioner with specialties in nurse midwifery and psychiatric mental health nursing. She has worked at the UVM Medical Center since 1994.

When the Vermont Legislature returns this week, I would ask it to consider why 60 days of postpartum health coverage under Medicaid is not enough to keep women healthy, decrease death, and reduce costs.

For the past 28 years, I have been working with our Vermont communities as a certified nurse midwife and more recently as a psychiatric nurse practitioner with a specialty in mental health in pregnancy and postpartum. In various roles, I have walked the path with thousands of our pregnant and postpartum clients as they and their family navigate pregnancy and the transition to parenthood.

Pregnancy and parenting can be a wonder and a blessing, but it is a very potent stressor and can include some significant complications. Not having insurance soon after the baby arrives should not compound that stress.

Medicaid plays an important role in improving maternal and perinatal outcomes. Timely and adequate prenatal care is unquestionably essential for the well-being of the birthing person and the child.

This may be the first time a pregnant person is fully engaged with the medical system. This can be a time that underlying conditions are diagnosed or new challenges arise. One of the most common complications of pregnancy is mood and anxiety disorders. Up to one in five may suffer from mood or anxiety disorders in pregnancy and/or the first year postpartum.

Psychiatric disorders are detrimental to the well-being of our children and families and risk factors for maternal substance abuse and suicide.

The current coverage for 60 days, which coincides with the classic postpartum visit, is just sufficient to assure physical recovery from the birth and family planning. However, this time frame is inadequate to address the follow-up of medical or behavioral health problems that are uncovered, exacerbated, or are a consequence of pregnancy.

Additionally, new parents are often so busy navigating the transition to parenthood in the first 60 days that they may put their own care off in that time. Access to medical follow-up in the first postpartum year would provide an opportunity to address chronic and pregnancy-related health conditions, such as diabetes and hypertension; mental health status, including depression and anxiety; and substance use disorders.

Pregnant Vermonters need comprehensive health services before, during and following their pregnancy to ensure they are healthy and prepared to take on the responsibility of parenting.

Reducing maternal mortality is a public health priority. Continuous postpartum coverage for 12 months is essential to help address this priority. The Centers for Disease Control and Prevention reports one-third of pregnancy-related deaths occur one week to one year after pregnancy ends.

In Illinois, 56 percent of pregnancy-associated deaths occurred between 43 and 364 days. Recently, the American College of Obstetricians and Gynecologists stated more than half of pregnancy-related deaths occur in the postpartum period; 12 percent after the six-week postpartum visit up to a year. In Colorado, 30 percent of pregnancy related deaths were the result of self-harm, by suicide or overdose. In California, after obstetric-related problems as the leading cause, drug-related deaths and suicide were the cause of 18% of the deaths.

Approximately three in five pregnancy-related deaths are preventable, including death by suicide or related to substance abuse. Expanding this coverage for a full year gives our families the support for success, giving postpartum persons the time they need to address health issues such as depression and anxiety, substance use, and pregnancy-related health conditions, and is an important health equity tool to positively impact communities of color.

Maternal mortality has been a growing health crisis in the United States for decades. Black women are especially at risk. They are three to four times more likely to die from a pregnancy-related complication than non-Hispanic white women.

For every person who dies from pregnancy-related causes, 70 more suffer from severe physical illness or disability, including behavioral health conditions, at a rate of two times as often for Black birthing people.

The American Rescue Plan Act gives states a new option to extend Medicaid postpartum coverage to 12 months. Doing so would:

- Reduce maternal complications from chronic medical conditions such as heart disease, hypertension and diabetes.
- Improve treatment of maternal substance abuse and maternal mental health complications.
- Decrease maternal death rates, including death from suicide and overdose.
- Enable new postpartum persons to acquire health care for themselves that will provide a better opportunity for them to also provide the best care for their infant.

Consistent coverage improves a new parent's well-being. According to studies, one in three birthing persons experiences a disruption in coverage before, during, or after pregnancy.

When coverage lapses or they lose and regain coverage over short periods, the disruption leads to adverse consequences such as delays in earlier identification or addressing health challenges, stopping medications and treatments, even death. We can and should prevent this.